

ATTACHMENT
C
PART 4

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/12/03 1406	<p>③ % sinus problems, for "3-4" months - was Tx'd w/ Amoxicillin see 1/27 3/4 3/6 see 3/6/03</p> <p>aggravated by "poor ventilation" in cell.</p> <p>Sinus HA, itchy throat, itchy eyes, dizziness, sinus pressure</p> <p>④ T=97.8°F HEENT: ④ tenderness to palp maxillary sinuses Turbinate: very erythematous +4/4 bilab</p> <p>Otitis media TMS fairly neg.</p> <p>⑤ Sinusitis</p> <p>⑥ 1. Septin-DS TPO BID x 14 days #28 NR 2. Acetamin 1/2 to 1 tablet QID prn sinus congestion #20 NR. 3. Ibuprofen 400mg TPO QID prn HA, pain #28 Rx2 4. Continue NASALIDE 5. FU prn via STC.</p> <p>4/14/03 Violeta Geza, PharmD. RPh Chief Pharmacist</p> <p>Reviewed by D. Olson, MD Date 4/14/03</p> <p>S. Labrozzi Steven Labrozzi, PA-C Physician Assistant</p>
4/14-03 0730	<p>Inmate rec'd 10pgs (1-03 to 4-03) Medical Records Petruzzi HIT</p> <p>T. Petruzzi, HIT</p>

SENSITIVE

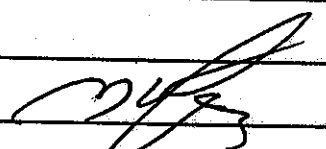
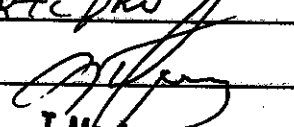
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			WARD NO.
REGISTER NO.			
40428-133			

Hill, Michael

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5/29/02 0900	<p>I. m. presented w/ web pain 4 on scale 1-10 deep - started at epigastrium area + radiate up into sternum + chest See prev note last pm a appears well in NAD P=61 No EKG A Dyspepsia - esoph spasm P EKG done & ok Washed 30cc per or & wash #1 + 1 RF pt did chest S's chest tenderness F/c in R P/R S/c</p>
Reviewed by D. Olson, MD Date: 5/29/02	 T. Montgomery, MLP
6/10/02 0840	<p>ST. m. reg something strange for 6-7 yr - burning in stomach - Washed helped - was on Zantac in past Hx allergies esp itching O in NAD Acro nasal fullness @ RND @ Swollen tendr & mucoid PR A Seasonal/Allergic rhinitis Dyspepsia - R/c GERD P Zantac 150mg TID #30 + 1 RF Benadryl 25mg TID #10 pt did nasal rins & understand R/c PR</p>
Olson, MD Date: 6/11/02	 T. Montgomery, MLP

NSN 7540-00-834-4178

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

5-28-02
1800

S: "I had a pain in my chest - stabbing. And then I felt weak. Now my back hurts. I have also been getting small 'pins and needles' pains in my neck for several weeks." The chest pain was initially a '10' on 1-10 scale. 1 hour later it has backed off to a 4 or 5." J/M states he has a prior cardiac hx. for which he was hospitalized for 3 wks. several years ago. I/M denies D in appetite, ⊕ wt lifting for exercise. I/M denies N, V or diaphoresis. O: 46 yr old BM NAD. BP: 146/86, P: 69, O₂ Sat: 98%, Non-diaphoretic. T: 98°. Chest: Ct A bil c & adventitious sounds. & SOB.

A: Chest pain

P: EKG now. Results: NSR & nonspecific ± v conduction delay. Consult Dr. Beam. ASA, again X now. Pt. education re: Chest pain. RTC in AM or immediately if pain continues or worsening, become SOB, diaphoretic. Pt. understands. S. Saylor NP

BONNIE SAYLOR, NP
FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY

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40428-133

Hill, Michael

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION

STANDARD FORM 600 (REV. 8-97)

Presented by GSA/JCMR (with changes)

FPMR (41 CFR) 101-11.6

F_600 (Face)

SN 7540-00-634-4176

600-108

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

GENERAL MEDICAL CHRONIC CARE CLINIC II

Hepatitis B & C

Subjective Findings:

a. Medical complaints or concerns of patient:

Old pain, dysphagia

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of Smoking: N/A

2. Diet: OK

3. Activity: OK

4. Medications:

(1) Drug Side Effects: N/A

(2) Drug Interactions:

5. Patient compliance With Therapeutic Regimen: OK

c. Impact of Condition on Activities of Daily Living:

d. Need for special Accommodations:

Objective Findings:

a. Temp

Pulse

68

Resp 16

BP

110/70

Weight

175

b. Pt's General Appearance: N/A

c. Other Exam Findings:

Lungs - clear
Heart - RRR, S1, S2
Abd - soft, nontenderPATIENT'S IDENTIFICATION (Use this space for
Fingerprint Imprint)RECORDS
MAINTAINED
AT:

FBI McKEAN HEALTH SERVICES

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

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DATE OF BIRTH

CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

d. Diagnostic Studies

Results

Date of Exam

WNL Abnormal

WNL Abnormal

Assessment:

a. Diagnosis:

① HCV

b. Disease Progression/Complications:

none

c. Attainment of Prior Therapeutic Goals:

d. Therapeutic Efficacy:

Plan:

a. Medications:

none

b. Therapeutic Goals for Next Clinic:

c. Next Diagnostic Studies Due:

LFTs

d. Return to Clinic:

5 mo

e. Patient Education (Check topics discussed):

☒ Nature of Disease

☒ Disease Complications, Progression, and Prognosis

☐ Treatment Alternatives

☒ Diet

☐ Weight Loss

☐ Smoking

☒ Exercise

☐ Medication mechanism of action, instructions, side effects, interactions.

understands

test results

D. OLSON, M.D.

NSN 7540-00-834-4176

MEDICAL RECORD

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DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

4-25-02 CC: "My wrist hurts real bad." I have allergies my nose + eyes itch!
 1110 S: "I was lifting weights. The weight got too heavy + I dropped it -
 it pulled on my @ wrist and it hurts. I have allergies to dust, etc that
 make my nose + eyes itch. I need Benadryl, I'm allergic to cold pills, +
 OI NAD. Pertinent: @ wrist @ 5/p w/ scar. = pain + strength to @ wrist.
 FROM: @ symptoms, @ edema. Eyes: clear, 5 injection. Nose: @ rhinitis
 A: @ wrist strain (per Dr. Kenna) allergies
 P: Tylenol, 325mg, 1-2 tabs po q 4-6° p.r.n. #20+1R.
 Beconase nasal spray, 1 spray in ea nostril 2-4x day. #1 OR.
 Pt. education re: allergies etc p.r.n. Pt. understands. B. Saylor NP

Reviewed by D. Olson, MD

Date

4/25/02

BONNIE SAYLOR, NP
FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY

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46428-133

HILL, Michael

DOB 4/30/57

LIMITED OFFICIAL USE
CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/CMR
FIRM (41 CFR) 201-9.202-1

~~*** SENSITIVE ***~~
~~LIMITED OFFICIAL USE~~

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

1310
3-5-02

SI: C/o cold s/s x 5 days. @ Cough @ Runny nose @ Congestion

Dennis N, F, V or D.

O: NAD. Temp - 96.7 Eyes: Ears: Clear, TM's intact. NRE: bil. rhinitis,
O/P: mm. pink - moist @ exudate @ erythema. Neck: supple & adenopathy.
Chest: CTA bil.

A: Viral Syndrome

P: CFM's, 4mg. T tab po q 8^h PRN H12, or - givenTyl ES, 500mg. T-T tabs po q 4-6^h PRN #20, or given

PT education re: virus. Rtc as symptoms warrant. PT understands.

B. Doyle NP
BONNIE SAYLOR, NP
FCI MCKEAN12 Apr 02
1160 SI: C/o colds in mouth x 2 wks. Rash between thighs x 1 week. Stomach
C/o pain in @ shoulder.O: NAD. Temp: 97.3 O/P: 2 small lesions in buccal canal <1cm, photo,
mucoid. thighs: 2 or 3 scattered macular lesions on medial thighs. @ Shoulder:
FROM, @ deformity @ cephalic.

A: Canker sores x2, contact dermatitis, arthritis @ shoulder

P: Rinse mouth @ 1/2 H₂O₂ + 1/2 H₂O NOW.

HC Cream #1 apply to AA bid. or

1 Micon, 400mg. T tab po q 8^h PRN food #21 H1K. PT education:

re: Canker sores Rtc as needed. PT understands. B. Doyle, NP

OSPITAL OR MEDICAL FACILITY

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PONSOR'S NAME

SSN/ID NO.

BONNIE SAYLOR, NP
FCI MCKEAN

RELATIONSHIP TO SPONSOR

Reviewed by D. Olson, MD

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name: Last, first, middle; ID No or SSN; Sex;
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46428-133

Hill, Michael

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/18 2-18-02	<p>S: c/o stabbing pain in @ ear x 1 1/2 weeks. This AM pt woke up @ blood in mouth. Feels like there is itching deep down in ear. Also c/o bad sinus HA which comes & goes.</p> <p>O: NAD. Temp. - 96.3. Eyes: clear. Ears: @ canal clear - TM intact. @ ear: canal @ some erythema, poss. fluid behind drum. Nose: Turbinates boggy, mm pink @ mucosa. Throat: O/P: mm @ slight erythema, tonsils + 1/2 @ exudate, no evidence of blood or active bleeding or abscess.</p> <p>Neck: supple & adenopathy. Chest: CTA bil</p> <p>A: ^{egms} ROM, poss. pharyngitis</p> <p>P: Amoxicillin, 500mg po TID. #30, 6K.</p> <p>Ceftriaxone 325mg. i-IT tabs po q 4-6° prn #20, 6K. Pt education re: O.M. pharyngitis. Pt also questioned about frequency of visitation to HSC. Pt asked if he had emotional concerns. Pt emphatically denies emotional problems, states he doesn't like to come here. When he does it is because he is really sick. RTC x 10 days for flu or prn as vld warrant. Pt understands.</p> <p style="text-align: right;">BONNIE SAYLOR, NP FCI MCKEAN</p> <p style="text-align: right;">B. Saylor, NP</p>
Reviewed by D. Olson, MD Date: 2/19/02	

2/25/02 (S) New for F/U pharyngitis, status
 1300 feels better.

(S) WAD
 throat - @ erythema / exudate
 ears - TM's pearly gray @ slight
 infl - WAD

(A) F/U pharyngitis
 (P) 1) F/U prn with call

D. Olson MD - C

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SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

2/9/02 (P) 2) Educated inmate on findings
1200 & plan of care (inmate was
(cont) upset wants antacid now
was given 30cc antacid)
3) Inmate to return to HCU
if any further problems
4) Left upset

Reviewed by D. Olson, MD
Date: 2/11/02

J. GLENN, FNP
FCI MCKEAN

J. Glenn FNP-C

2/9/02 Admin. Note - Inmate return
1400 ed to HCU sat @ NP and
was educated on exam &
findings at 1200 on 2/9/02
Inmate calmer and in
better spirits, no c/o pain
Agreed plan and verbalize
understanding

Reviewed by D. Olson, MD
Date: 2/11/02

J. GLENN, FNP
FCI MCKEAN

J. Glenn FNP-C

HOSPITAL OR MEDICAL FACILITY

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Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

Hill, Michael
40428-133

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/28/02 0920	<p>S: clo painful sores on + back x last 2 week</p> <p>O: 11 pea-sized spots over lesions on mid + back + central focus. 8 drg. + pea sized system. are + (+) tenderness to touch</p> <p>A: Capable lower back</p> <p>P: Reflex 250mg #20 + O/D x O/R</p> <p>Hx: Take med as directed. Warm compresses to AC. RTC prn. If understands</p> <p>GRACIA FAIRBANKS PA Physician Assistant</p>

Reviewed by D. Olson, MD
Date: 1/28/12

2/9/02 1200 (C) Inmate came to H5U this AM wanted H₂O₂ to rinse mouth c/o cold sores, was told he couldn't get H₂O₂, got very upset. Back to H5U at 1200 ask for Tylenol because his mouth hurt was given 11 Tylenol then he said he had chest pain and wanted checked. Inmate was seen immediately and EKG was done

(C) NAD 98° - 76-16 12/68
EKG - WNL RRR NSR
Subjective chest pain, nothing on exam

(P) Inmate wants ASA. EC ASA + quin (cont) Tylenol PRN - C

J. GLENN AND
FCI MCKEAN

NSN 7540-00-634-4175

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/4/02 1340	S) he feels OK (+) URSX now on regular duty R shoulder fine now found to have Hep C & Hep B C/O discoloration @ cheek D) looks OK red nasal mucosa sl & pigment @ cheek Abd's ft no organomegaly A) R Shoulder Improved (Hx rotator cuff repair @ cheek) Hep C - chronic nonal C FT's URI P) rear are about shoulder CTM Ymgs 7/10 did Hep C clinic patient understands Reviewed by D. Olson, MD Date: 1/7/02

HOSPITAL OR MEDICAL FACILITY

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RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

40428-135

Michael Hill

LIMITED OFFICIAL USE
CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12/19/01 1509hr	<p>He has shoe 10W? has nail A's of too small shoes measured feet re special shoe 12 1/2 AAA box toe shoe</p> <p style="text-align: right;">/H Beam</p>
31 Dec 01 12 25	<p>82 C/o beam in the arm is</p> <p style="text-align: right;">H. BEAM, MD FCI MCKEAN</p>
31 Dec 01 1230	<p>S1 C/o rash on inner thigh. Itchy, x 1 wk. Requests to O: NAD. Please measure rash & dry skin on @ inner thigh A: dermatitis P: likely H1, apply to AA bid Rx1, RT education re: hygiene, RHC as needed. PT: understands</p> <p style="text-align: right;">D. Saylor, NP BONNIE SAYLOR, NP FCI MCKEAN</p> <p style="text-align: center;">Reviewed by D. Olson, MD C. 12/21/01</p>
1/2/02 1230	<p>S1 - O7 via mailman: He wants restrictions lifted as he's wanting to work out & become eligible for different work</p> <p>A) s/p @ rotator cuff repair - healed P) lift restrictions</p> <p style="text-align: right;">/H Beam</p> <p style="text-align: right;">H. BEAM, MD FCI MCKEAN</p>

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12/18/01	45yr old Fx Dislocation @ Shoulder '98
12/30/01	\$1 Behind the back (R arm lock by a guard at Corrections Corp of America - Not Dx'd for weeks he says. Treatment was relocation & physical therapy - He was unable to do certain exercises - (by Dr Gill ortho 'scoped shoulder saw rotator cuff tear and arthritis (march -> June 2001). Saw Dr Gill 3x after surgery - PT was wall exercises, mild isometric exerc.
	o) wellhealed deltoid scar @ deltoid atrophy relative to (L) Full ROM Both shoulders minimal crepitus @ shoulder & C
	Fix/Ext/AB ADD @ shoulder strength all sts
	A) Healed Rotator cuff repair @ side Good ROM & strength
	P) OK for progressive wghts - curls - Flgs use 20% less than capacity in 3x10 reps CB 3wks

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PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO. 40428-133 WARD NO.

MICHAEL HILL

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
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FIRM (41 CFR) 201-9.202-1

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE ..

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

GENERAL MEDICAL CHRONIC CARE CLINIC II

Hepatitis B & C

Subjective Findings:

a. Medical complaints or concerns of patient:

b. Health Promotion/Disease Prevention Assessment:

1. Cessation of Smoking: N/A

2. Diet: OK

3. Activity: run

4. Medications:

(1) Drug Side Effects: N/A

(2) Drug Interactions:

5. Patient compliance With Therapeutic Regimen: OK

c. Impact of Condition on Activities of Daily Living: me

d. Need for special Accommodations:

Objective Findings:

a. Temp Pulse 70 Resp 16 BP 120/80 Weight 179

b. Pt's General Appearance: NAD

c. Other Exam Findings:

HEENT - Sore throat
Lungs - clear Heart - RRR, S1
Abd - S organs

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

FBI McKean Health Services

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

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RANK/GRADE

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CHRONOLOGICAL RECORD OR MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICHR
FIRM (41 CFR) 201-45.505

LIMITED OFFICIAL USE

SF_600 (Back)

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

d. Diagnostic Studies

Results

Date of Exam

WNL

Abnormal

WNL

Abnormal

Assessment:

a. Diagnosis:

① NCV ② Ab, Ab

b. Disease Progression/Complications: A

c. Attainment of Prior Therapeutic Goals: /

d. Therapeutic Efficacy: /

Plan:

a. Medications:

Nal

b. Therapeutic Goals for Next Clinic: /

c. Next Diagnostic Studies Due: mme

d. Return to Clinic: 5 m

e. Patient Education (Check topics discussed):

☒ Nature of Disease☒ Disease Complications, Progression, and Prognosis☐ Treatment Alternatives☒ Diet☐ Weight Loss☐ Smoking☒ Exercise☐ Medication mechanism of action, instructions, side effects, interactions.

D. OLSON, M.D.

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/6/01 0730	METAMUCIL 7 TSP in 803 water QD #1 Box X3
	HERB BEAN my
12-7-01	S: C/o blackened, one @ great halluf. States its from shoes. Had special permission to have own shoes at best institution. Requests same @ McKee.
	O: Blackened the mud @ halluf A: Pair + defect d/t improper shoe wear P: Consult E Dr. Bean for permission to wear special shoes.
	<hr/> B. Saylor, NP Bonnie Saylor, NP

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SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

112401
2030

See injury report

Cheryl Lundberg, RN

renewed 11/26/01
HERBERT P BEAMAN4 Dec 01
0900

S: PT. requesting change of status re: sports and wt. lifting.
PT. states he wants to lift light weights so that he can
rehabilitate his shoulder and regain strength to SK. procedure. Current
status: no sports for 6 months.

O: PT is able to express full ROM of R shoulder although he
expresses discomfort when asked to reach behind his back.

A: Request of S of status

P: Consult to Dr. Kearney re: status. PT. education: pendulum exercises
and wall climbing exercises. Rtc. as needed PT. understands.

S) see above @ follow up

B. Saylor, NP
Bonnie Saylor, NP12/4/01
0920

O) ① Herc ② Her Bon for HB vaccine screen
(with check CFT'S, return to referral)
Mod soft RSH

A) Herc

P) CFT'S - Herc clinic

Patient understands etiology & Rtc

HERBERT P BEAMAN

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
(cont) 29 Oct 01 1075	<p>Altered Pain</p> <p>P: CTMS #15, T6b pr 9 6-80, OK. Tylenol given as 325mg</p> <p>Meds given: #20, i-11 tabs pr 9 4.0 pr 9, pt education: 1 fluid not RTE as needed. Pt understands. B Singh, NT</p> <p>Reviewed by D. Olson, MD Date 10/29/01</p>
11/14/01 D830	<p>Adm Note</p> <p>⊕ Anti-HCV, ⊕ HbC Ab - put in G H H Chemo, NO FLS</p> <p>CLINICAL TRIALS WLB</p> <p>D. Olson, MD Clinical Director</p>
11/19/01 0955	<p>S: Requesting med. for cold symptoms → con- gested head, runny nose</p> <p>O: Nasal turbinates swollen & inflamed. 0 sinus tenderness. Ears - TM's WNL. Throat - benign</p> <p>Temp 97</p> <p>A: URI</p> <p>P: CTM 4mg tid prn #6 given Tylenol 325mg ii Q8hr prn #12 given Phedra. Take med. as directed. 1 fluid RTE prn. Pt understands</p> <p>Clara Fairbanks PA</p> <p>CLINICAL TRIALS WLB</p>

NSN 7840-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/19/01 1105	S: C10 (R) shoulder disc. Drs Hlo Rotator cuff repair 7/30/01. Requesting medic & bottom bunk pass. Also cold symp O: Well healed scar (R) shoulder. ROM EL. ↓ ↓ strength & abduction & adduction Against resistance. & edema, erythema Temp. 97.2. Ears - TM's WNL. Throat - benign nasal turbinates erythema & inflamed. & sinus tenderness A: Hlo Rotator cuff repair 7/01. URI P: Motrin 800mg #21 tid prn & food x 1R CTM 4 mg #15 tid prn x 1R Low bunk pass per CD approval. Pt educ take medic as directed. Rtc prn. Pt under- stands Reviewed by D. Olson, MD Date: 10/19/01 Gracia Fairbanks, MLP

27 Oct 01 1415	S: C6 feeling lousy, sore throat - mucus nose x 1 day O: NAD. Eyes - Ears: Clear + M's intact. Nose: Turbinates boggy. O/P: E erythema. & axilla, E edema. Neck: Supple 5 adenopathy. Chest: cA Lb A: URI, (ent) T: 96.5		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. **SE 140428-133*	WARD NO.

Hill, Michael

CHRONOLOGICAL RECORD OF MEDICAL CARE
LIMITED OFFICIAL USESTANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

10/12/01

S: Refill of Medication/s for Rt Shoulder painO: Stable, Vital Signs: BP: _____ PR: DeferredA: Rotator Cuff tear repaired 4 weeks ago

P: Refill of the following medications (See below)

Pt. Educ to follow previous instructions.

Motrin 800mg tid #21

Harold Cozza, RPH

Platin Hilletework, MLP
USP LewisburgOrd. Date
10/12/01HILL, MICHAEL W
40428-133A. SALAM
(0) RefillsExp. Date
10/18/01TAKE ONE TABLET 3 TIMES A DAY
AFTER MEALSRx #
53272

IBUPROFEN 800 MG TAB

#21

HOSPITAL OR MEDICAL FACILITY USP LEWISBURG	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
HEALTH SERVICES UNIT			
SPONSOR'S NAME LEWISBURG, PA 17837	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Hill, Michael
40428-133

SENSITIVE

CHRONOLOGICAL RECORD OF MEDICAL CARE

LIMITED OFFICIAL USE

Medical Record
STANDARD FORM 600 (REV. 8-97)
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FIRM (41 CFR) 201-9.202-1

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9/27/2001	(S) Reports having surgery for (R) shoulder.
9:15	Reports feeling better, only slightly stiff. No nasal congestion
(O) (M)	no x-ray/skeletal - (R) shoulder but presents a surgical scar from repair. Now is 75-80% motion, lat. Excellent soft tissue healing, no pain.
(D) UNIT, 5/1/02	(R) shoulder repair, NKDA
(P) wedg-	160 motion 800 reps 10 x 10 x 30 days Cyan OK / Nocturnal pain
(E)	Entered on unit, surgery Unilateral good understanding/compliance No ecc (Orthopedics) Final destination Authorized lower back No pain
	Unit 3E
	Carlos Mier, PA Federal Transfer Center Oklahoma City, OK
	Kent Officer, Rph Federal Transfer Center, OK

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
HILL, M.		40428-133	3E

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

AC, OK, OK

BP-S149.060 MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT CDFRM

JUL 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TB Clearance PPD Completed: <u>11-11-00</u> Date: <u>mm mm</u> Results: <u>mm mm</u> Interpreted as: <u>NEG</u> (Positive or Negative) CXR Completed: _____ (Date) Results: _____ Note: Date(s) listed above must be within one year of this transfer.		Name: <u>HILL, Michael</u> Reg. No. <u>40428-133</u> Departed From: <u>USP LOMPOC</u> Date Departed: <u>9-26-2001</u> Destination: <u>FCI McKean</u> Name of Institution Reason for Transfer: <u>Non-Medical</u> Special Instructions: <u>Blood and Body Fluid Precautions</u>	
No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.		Diagnoses: 1. <u>SLIP SURGERY SHOULDER</u> 2. <u>2° TO ROTATOR CUFF TEAR P/L</u> 3. _____ 4. _____ 5. _____ 6. _____	

MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
<u>none</u>	<u>present</u>	<u>none</u>	<u>none</u>	

FTC - Oklahoma City
 For most recent medications see computerized prescription labels on the following sheets.

Signature of Certifying Medical Staff Member

A. RIVERA MLP
USP LOMPOC

Date Signed 9/25/01
A. RIVERA MLP
USP LOMPOC

PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.
<u>SEP 26 2001</u>			
Federal Transfer Center Oklahoma City, OK Date Medication: <u>Yes</u> <u>No</u> Hot Meds: <u>Yes</u> <u>No</u> Meds Issued: <u>Yes</u> <u>No</u> Lice Seen: <u>Yes</u> <u>No</u>		Food or Drug Allergies: <u>NKA; Allergies:</u> Current Medical Status: <u>No Complaints; Complaint of</u> TB Signs and Symptom (s): <u>NONE;</u> <u>cough, hemoptysis, night sweats, wt. loss</u>	
Signature & Stamp D. Mann, RN Clinical Nurse Federal Transfer Ctr., OKC, OK		SENSITIVE** OFFICIAL USE Attach SF-600 if additional space is required.	

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring Institution

(This form may be replicated via WP)

This form replaces BP-149.060 and BP-S149.060 dtd Nov 1994



RX155938 DR.MIER
 HILL, MICHAEL *3E
 10428133
 TAKE ONE TABLET 3 TIMES DAILY
 WITH FOOD OR MILK

Distribution: ALL NO
 Date: _____
 Originals: CH OK
 Request: DIS CO

O.K. For Transfer

USP Lewisburg

Medications Yes _____ No ✓

FCI/FPC McKean

Inmate Received this date _____

Medical History (BP-360) Reviewed

Evidence Body Lice: Yes/No

Medications: Yes/No - Given

C. Todd Montgomery
AHSA/SMLP

Medication Timing
Once Daily = 8:00 AM
2x Daily = 8:00 AM & 3:30 PM
3x Daily = 6:00 AM, 11:30 AM, 3:30 PM
4x Daily = 6:00 AM, 11:30 AM, 3:30 PM, 8:30 PM
Cleared Pharmacy for Transfer
FTC, Oklahoma City, OK
OCT 05 2001

NOT Warranted while in
TRANSIT NO RX SENT
Warrant Refill — [Signature]
10/9/01

USP COMBOS

129 COMBOS
A BIVERT MLL

266 COMMUNICATIONS SECTION
P. Clements, FBI description
16601 Washington
FBI - Oklahoma City

USP Lewisburg
Inmate Received, this date 7-1-77
Medical History Reviewed
Evidence of lice
Suicidal Thoughts
Recent Assault, Trauma or Abuse
Signs and Symptoms of Infect Dis
Allergies to Medications
Medications

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
8/16/2001 0800	S. requests hemorrhoidal suppository for his anal problem w/ associated itching.		
IA II	D. Rectal exam - good anal sphincter no hemorrhoidal lesion noted		
	A. Pruritus Anus		
	P. Hemorrhoidal supp. not indicated, advised on personal hygiene.		
	Cont. hydrocortisone as directed		
	See say PA as needed, understood advise		
	S. Magad		
	G. PAGADUAN, MLP USP LOMPOC		
8/30/2001 1100	S. I'm now seen complaining of anal itch. Currently on hemorrhoidal supp. S/p RT shoulder surgery. Penis apparent pain. I'm also complain of itching on both feet.		
IA II	G. ext. no internal hemorrhoids		
	A. deep squamous lesion in between the nads.		
	A good healed scar over the rt shoulder area.		
	S/p RT shoulder seen. Surgery.		
	Tinea Pedis, Pruritus Ani		
	P. 1/2 tsp Powder Toluidine #16th C AD A-5		
HOSPITAL OR MEDICAL FACILITY		STATUS (over)	DEPART./SERVICE RECORDS MAINTAINED AT
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR **SENSITIVE LOMPOC
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

HILL, MICHAEL
40428-133

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

[illegible]

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/16-2001 0895	<p>(1) Went copy of OR report & explanation of exercise.</p> <p>(2) Rt. Shoulder pain improved. Discontinued passive exercises & went to do floor.</p> <p>(3) Post Rotator cuff repair at shoulder Bili By far mail discharge OR Report not absent</p> <p>(4) Hydrocortisone 1600 Lip. 1600 1600 Occasionally with water as directed</p>
	<p>E. Villapondo, Pharm. Tech. USP LOMPOC</p> <p>H. Truong, R. Ph USP Lompoc</p> <p>A. SHARR, MD USP LOMPOC</p> <p>Patient educated on the use of prescribed medications and side effects. Patient understood</p> <p>Poor Fair <u>Good</u></p> <p>S. POLLOCK, MD USP LOMPOC</p>
JUL 23 2001 1600	<p>Orthopedic Consult Reviewed Good S. Pollock Post Operative recovery.</p>
7.30.2001	<p>Per copy out copy of Operative Report dated 06-13-2001 to inmate. 2 pages Chavarro, HIM</p>
	<p>C. NAVARRO, HIM USP LOMPOC</p>

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

7/12/2000

0900

45yo I/M S/P R Ret all/say
 has question re say + excrea
 then were removed + I/M decontaminated
 excrea. Also had question regarding
 great toenails has bruises in great toenails
 state hard shoes present

Exam shoulder scar heavily and no sign of
 infx no swelling
 L CTA
 L SIS SP
 ext bruise (old) under great toenail
 ~ 3-4 wks old

A contour toenails - upper
 S/P shoulder (Ret all) upper
 P out excrea
 with outgrowth under toe shoe
 R/L P/R

R. GROSS, DO
 USP LOMPOC

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

** SENSITIVE **

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No. or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

LIMITED OFFICIAL USE

Hill Michael

40428-183

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

7/06/2001 (S) PT @ Toenail discoloration & rash
1415 on both arms

(C) - Schematic, tender; toenail both feet
(1st toe), lower injury, claims onset
one week ago - reason "toenail is not
growing" - also of dry scaly flaky
dermatitis on arms - (P)

(A) - Fungal Infection

(P) - Mycolex Solution applied on SITS BIL R & L
- Lidex Cream BIL on SITS R & L
- Keep area dry & clean
- F/U AT SL
- OR PER

H. Truong, R. Ph
USP Lompoc

O. SALCIDO, M.D.
USP LOMPOC

7/10/2001 (S) Potassium permanganate daily use
Toenail Bil. discoloration & swelling
(P) Bil. Swelling to peroneal
nerve pain

Bil. Toe nail discoloration - not
painful, no infection & inflammation
not not present

Cum instillation

(P) Bil. Toe nail (Big toe) discoloration
as fungal excluded / fungal
med. test

(P) Soak Bil. in warm water
bath

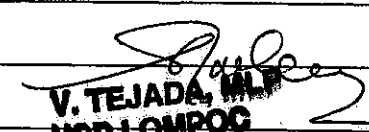

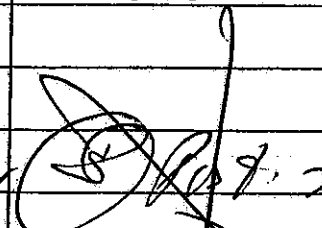
A. SHARP, MD
USP LOMPOC

H. Truong, R. Ph
USP Lompoc

(P) Hydrocortisone 1% ointment
applied in water 3 days

NSN 7540-00-834-4178


600-108

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE		SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
6/28/2001	1300	Adm. Note Consult generated for orthopedic consult. Sent by staff MD. Extra pillow authorized for medical room.	
6-21-2001	1300	<div style="text-align: right;">  V. TEJADA, M.D. USP LOMPOC </div> Ortho. Consult Reviewed - Passive Exercises demonstrated - 6 wk. Convalescence written - Note: Return to clinic 6 weeks. & told to <div style="text-align: right;"> K. Todd Assistant HSA USP Lompoc </div>	
7/02/2001	1010	Reviewed:  STERLING POLLOCK, M.D. Per cop-out, 4 copies of Dr. Giles consults sent to Jm. Navarro, Jm <div style="text-align: right;"> C. NAVARRO, HIM USP LOMPOC </div>	
7/2/2001		  Dr. Giles relates copy surgery R/L & left during see el. B.I. 13/1/01 at prob at Bm motor unit - for elevation before pain before B.I. toe circulation - pain 	

PATIENT'S IDENTIFICATION (Use this space for Mechanical
print)

ILL, MICHAEL

40428 - 183

RECORDS MAINTAINED AT: 		**SENSITIVE**	
PATIENT'S NAME (Last, First, Middle Initial)			SEX
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

HILL, MICHAEL
40428 - 1B3

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/10/2001 0915	S/P/M who seen complaint of rash on the RT knee & elbow area M/L
HAH	O & macular lesion RT knee & elbow area ALL As Dermatitis
	<p>P & of Dermatitis seen at the S-AD R-3</p> <ul style="list-style-type: none"> > Avoid scratching affected area > P/M understand Tx plan & Admin ff-up 5q, 1st prn. <p>H. Truong, R. Ph USP Lompoc</p> <p>V. Tejada, MLP USP Lompoc</p>
6/13/2001	Adm. Note
1100 Hunt	<p>Return from COTA S/P RT shoulder reconstructive surgery.</p> <p>As Tylenol #3 to take BID x 5 days</p> <ul style="list-style-type: none"> > Removal of sutures in 10-14 days. Wear sling for comfort > FF up w/ ortho on next visit. > Come back authorized > As Motrin 400mg, #60 R-2 ff-up 1st prn <p>H. Truong, R. Ph USP Lompoc</p> <p>V. TEJADA, MLP USP LOMPOC</p> <p>Noted R. GROSS, DO USP LOMPOC</p>

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
5/3/2001 1445	ADMIN ENTRY : A HSA WANTS TO KNOW WHEN ILM WILL BE SEEN BY ORTHOPEDIC HIT ASSIGNED FOR ORTHO SCHEDULE UNAVAILABLE AT THIS TIME. WILL FOLLOW M. ANDAL, MLP USP LOMPOC <i>M. Andale</i>		
5/3/2001 1520	HIT INFORMED WRITER THAT ILM IS SCHEDULED FOR ORTHO CONSULT. M. ANDAL, MLP USP LOMPOC <i>M. Andale</i>		
5/9/2001 0910 HA 4	S. Don who seen complaint of neck pain radiating to his R shoulder area. Also complaint of heart burn. O. P.E. deferred in 5th Neck pain A.V. DSD prob. Dyspepsia P. of Contact w/o 2 1/2 hrs AID x 20 of. R-2 C- spine negative Warm compress applied over. ILM understood Tx plan & advised follow up 5 days later. V. Tejada, MLP USP Lompoc		
HOSPITAL OR MEDICAL FACILITY E. Villapando, Pharm. Tech. USP LOMPOC		STATUS H. ITUONG, R Ph USP Lompoc	DEPART./SERVICE RECORDS MAINTAINED AT USP Lompoc
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		LIMITED OFFICIAL USE REGISTERING WARD NO.	

 HILL, MICHAEL W.
 #40428-133

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

 STANDARD FORM 600 (REV. 8-97)
 Prescribed by GSA/ICMR
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/20/2001 1425	<p>S. 4/0 itching between toes; ingrown toenails HA; needs ASA (enteric) for arthritis B shoulder D. AOX3, IVAD, ambulatory cracks, redness between toes; HA of arthritis shoulder A. Tamsin Redia, Arthritis, ^{Dysphagia} Frank B. Zantac 150mg. i take BID x 30 days Tobramycin cream #1, IVAD; 1 refill ASA (enteric) 325mg. ii take q 4 hr. 2nd for pain E/M told to T fluids; avoid greasy, spicy foods. B/M advised + understood meds. + TX. Has consult to see orthopedist. RTC PRN. H. Truong, R. Ph USP LompoC</p>
12/2/2001 1124	<p>S. Anal itch x 2 days; bowels normal A. bleeding, A hemorrhoids D. AOX3, IVAD, ambulatory Anus - intact, A hemorrhoids, A bleeding A. Pmsitis B. A. Imiquimod suppositories #1 box; IVAD; 1 refill E/M advised as to hygiene B/M understood meds. + TX. RTC PRN. E. Villapondo, Pharm. Tech. USP LompoC</p>

F. CROAL, PAC
USP LOMPOCF. CROAL, PAC
USP LOMPOC

NSN 7540-00-634-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2-5-2001 (cont.)	<p>1) Hypersensitivity to dyspepsia & reflux</p> <p>2) 1) Emetrol 8oz x 30 days</p> <p>3) Motrin 400 mg qid - PRN x 15 days</p> <p>4) Educated to R.O.M. & Active Posture Exercises</p> <p>5) Educated to medication & diagnosis</p> <p>6) R.T.C. 30 days - PRN - 2 Cold Packs</p> <p>7) All questions answered</p>
	H. Truong, R. Pham USP Lompoc
	K. Todd Assistant HSA USP Lompoc
2-13-2001 1200	<p>Admin Entry:</p> <p>I/M c/o rt shoulder pain. X-ray showed some calcifications of the humeral head superolateral aspect. Refer to Ortho for evaluation</p>
	A. Salandanan Supervisory MLP USP Lompoc
FEB 26 2001 1600	<p>Orthopedic Consult reviewed.</p> <p>STERLING POLLOCK, M.D.</p>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
HILL, MICHAEL W. #40428-133		DOB: 04-30-1957	

SENSITIVE

LIMITED OFFICIAL USE

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
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FIRM (41 CFR) 201-9.202-1

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AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

01-11-2001 BOP to DC back to BOP arrived
1510 at MSP Lompoc 01-04-01 at 1251,
without medical record, requested.

D. Hill, HIT
USP Lompoc

1/18/2001 P: Y/M came in for nasal congestion & non productive
1430 coughing x 2 days. ⊖ fever, ⊕ smoker. Also states
BP= 123/63 that he has arthritis of rd. shoulder & requests
PR= 7-1/min aspirin for this.
T= 98.4 O: VSS

HEENT: Both TM's intact, ⊕ light reflex

⊕ congested nasal turbinates

Throat: hyperemic, ⊖ rhinorrhea

Neck: supple, ⊖ lymphadenopathy

Chest: CTA, ⊖ wheezes, ⊖ rales

Rt. shoulder: grossly normal, ROM, ⊖ crepitus,
NV intact

A: Arthritis, rd. shoulder

Viral syndrome

P: Y/M instructed to ↑ oral fluids, salt water
gargle

7 Y/M instructed to continue coughing (over)

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

US PENITENTIARY
LOMPOC, CA 93436

SSN/ID NO.

RELATIONSHIP TO SPONSOR

LIMITED OFFICIAL USE

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Hill, Michael
40428-133

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/18/2008 1430	<p>continuation:</p> <ul style="list-style-type: none"> 1. advise constant hand washing 2. warm compress + massage to Rt. Shoulder 3. Aspirin 325 EC $\dot{\bar{i}}$ tabs p.o. Q4 - 6 hours prn for pain + w/ food # 45 R2 4. Tylenol 325 Π tabs p.o. Q4 - 6 hours prn for pain 1HA # 40 5. Humibid $\dot{\bar{i}}$ tabs p.o. BID x 7 days 6. Acetof $\dot{\bar{i}}$ tabs p.o. TID x 5 days 7. IM advised to d/c smoking 8. IM understood above plans + instructions 9. etc prn <p>H. Truong, R. PH USP Lompoc</p> <p>A. Rivera, MLP USP Lompoc</p>
2-5-2001 1430	<p>5) Wants a thick mattress for a sore right shoulder - 2nd to 7th / Disloc 12-98 & revers ent dislocation - 3-2000 - involved in altercation -</p> <p>2) - c/o pain Lh. Phantom & direct pressure or release of pressure -</p> <p>3) c/o belching - trouble taste in the throat - gas + Mc. chest pain -</p> <p>4) 1) Good R.O.M. - Lh. - 2 strength Lh.</p> <p>2) Right pain - of Phantom - med. - Lgh.</p> <p>3) Soft soft xols - Normal B.S. - no masses or abnormalities -</p> <p>4) 1) Suspected D.J.D. Rt. Shoulder 2nd trauma</p> <p>2) Trigger Point (new entrapment) Left</p>

MEDICAL SUMMARY OF FEDERAL PRISONER/ ALIEN IN TRANSIT
U.S. Department of Justice

TB Clearance ☒ Yes ☐ No
1) PPD Completed: 11/11/00
Results: NEG
2) CCR Completed: 11/10/00
Results: NEG
3) Health Authority
Clearance: Clear
Signature: [Signature]
Date: 12/27/00
Note: Dates listed above must be within one year of this transfer.

I. PRISONER/ALIEN

Name: Skell, Michael Prisoner/Alien Reg. # 40428137 D.O.B.: 10/14/72
Departed From: OC Date Departed: 01-02-01
Destination: _____ Reason for Transfer: Non Medical
Dist. Name: _____ Dist. # _____ Date in Custody: _____

II. Current Medical Problems

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Medication Required For Care En Route				
Medication	Dose	Route	Instructions For Use (include proper times for Administering)	Stop
<div></div>				

Additional Comments:

(X) 1/2/01 CXR WNL

LT. J. GENZER
RN, ICC
FTC, OKC

III. SPECIAL NEEDS AFFECTING TRANSPORTATION

Is prisoner medically able to travel by BUS, VAN or CAR? ☒ Yes ☐ No If no, Why not?

Is prisoner medically able to travel by airplane? ☒ Yes ☐ No If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination? ☒ Yes ☐ No If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? ☐ Yes ☒ No If yes, state reason:

Does prisoner require any medical equipment while in transport status? ☐ Yes ☒ No If yes, What equipment?

Sign & Print Name: Certifying Health Authority:

Phone Number: (703) 6436363 Date Signed: 12/27/00

[Signature] mo 8315

Original-Upon Transfer

Form LSM-557
(Rev. 6/98)

FOLLOW UP PPD, IF INDICATED
AT FINAL DESTINATION.

SIGNATURE AND STAMP

Brian Cronenwett, LT
Registered Nurse

Federal Transfer Center, OKC, OK

Federal Transfer Center /
Oklahoma City, OK

Date

Medication: Yes No
Hot Meds: Yes No
Meds Issued: Yes No
Lice Seen: Yes No

Signature & Stamp

Brian Cronenwett, LT
Registered Nurse

Federal Transfer Center, OKC, OK

Medication Times:

Once Daily = 6:00 AM

2x Daily = 6:00 AM & 3:30 PM

3x Daily = 6:00 AM, 11:30 AM, 3:30 PM

4x Daily = 6:00 AM, 11:30 AM, 3:30 PM, 8:30 PM

Cleared Pharmacy for Transfer.

FTC, Oklahoma City, OK

JAN 03 2001

ORIGINAL – Transporting Officer
CANARY COPY – To be placed in Unit Health Record, top page in position one
PINK COPY – To be retained at the Transferring Institution as Backup